

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

**-63-008711**

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **1479**

STATE FILE NUMBER

VS 300  
Rev. 4/59

1

2 **223**

3

4 **0**

5 **1**

6

7 **0**

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10

11

12 **90-0**

13

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MO.</b> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>ST. LOUIS</b>		c. CITY OR TOWN <b>ST. LOUIS</b>	
Length of stay in 1b		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>2217 OREGON</b>		d. STREET ADDRESS (If outside, give location) <b>2217 OREGON</b>	
3. NAME OF DECEASED (Type or print) First <b>MILTON</b> Middle <b>HAGEMAN</b> Last		4. DATE OF DEATH <b>FEB. 10 1963</b>	
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>NOV. 21 1892</b>
9. AGE (last birthday) <b>70</b>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>SHOE WORKER</b>		11. BIRTHPLACE (City and state or country) <b>MO. U. S. A.</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>SHOE WORKER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>INTERNATIONAL SHOE CO.</b>	
13a. FATHER'S NAME <b>HENRY HAGEMAN</b>		13b. MOTHER'S MAIDEN NAME <b>AMELIA LANGENBACH</b>	
14. NAME OF HUSBAND OR WIFE <b>FRANCES HAGEMAN</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of)	
16. SOCIAL SECURITY NO. <b>502.0</b>		17. INFORMANT <b>FRANCES HAGEMAN 2217 OREGON</b>	
18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Chronic Bronchitis</b> DUE TO (c) <b>Productive pulmonary emphysema</b> <b>Chronic Gastritis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 years</b> <b>5 years</b> <b>six years</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>502.0</b>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m.	Month, Day, Year		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <b>Dec 1 1952</b> to <b>Feb 10/63</b> and last saw her alive on <b>Feb 4 63</b> Death occurred at <b>9:25 p.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>Thomas Kuter</b> (Degree or title) <b>M.D.</b>		22b. ADDRESS <b>506 Olive St</b>	
22c. DATE SIGNED <b>2/4/63</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>	23b. DATE <b>2/13/63</b>	23c. NAME OF CEMETERY OR CREMATORY <b>SUNSET BURIAL PARK</b>	23d. LOCATION (City, town, or county) <b>ST. LOUIS CO. MO.</b>
24. FUNERAL DIRECTOR <b>Thomas Kuter</b> ADDRESS <b>2906 Charis</b>		25. DATE RECD. BY LOCAL REG. <b>FEB 11 1963</b>	
		REGISTRAR'S SIGNATURE <b>Don Smith. M.D.</b>	

USE BLACK INK  
OR  
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Eleanor Province

Licensed Embalmer No. 3403

P. O. Address 2966 Glavan

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Dr Martin Luther 506 Blair  
at 1-5025 to 330 pm Mon.